



## INSTRUCTIONS

## National Library of Medicine Associate Fellowship Program

### PLEASE READ CAREFULLY BEFORE BEGINNING APPLICATION

The NLM Associate Fellowship Program application consists of the five parts listed below. All materials **MUST BE TYPED**. Your name and Social Security number must appear on each page. Materials submitted are non-returnable.

- Parts:
1. Structured résumé
  2. Contact information for three references
  3. Narrative questions
  4. Official transcripts for undergraduate and graduate degrees
  5. Applicant data form (optional)

### Part 1. Structured Résumé

See attached description of each required section. Include each section listed and no more.

### Part 2. References

- a. Contact **THREE** persons who can assess your character and abilities. If you are a recent graduate, one should be a faculty member from the library school you attended. The others should be selected from faculty, employers, or other library/information professionals.
- b. On the application form, list each reference's name, title, address, phone number, and e-mail address. Indicate for how long and in what capacity you have known this reference.

### Part 3. Narrative Questions

Develop a narrative statement for each question. At the top of the page for each answer, type your name and Social Security number. Then, type the question to which you are responding in bold type. The narrative statements will be evaluated on content and writing skills.

### Part 4. Official Transcripts

(ORDER IMMEDIATELY AND SPECIFY THE APPLICATION DEADLINE)

- a. Direct colleges and universities to forward to ORISE one *official transcript* for each undergraduate and graduate degree earned or about to be earned.
- b. One transcript is acceptable for multiple degrees earned from the same institution.
- c. If transcripts are delayed, you should send photocopies immediately. However, official transcripts are required to complete your application.

**SUBMIT THE APPLICATION TO:**

Barbara Dorsey, Senior Program Specialist  
NLM Associate Fellowship Program  
Science and Engineering Education, MS 36  
Oak Ridge Institute for Science and Education  
P.O. Box 117  
Oak Ridge, Tennessee 37831-0117

**Overnight Address:**

1299 Bethel Valley Road  
Building SC-200  
Oak Ridge, Tennessee 37830

FAX Number: (865) 574-2846

**NOTE:** Applications, including transcripts, are due to ORISE by the application deadline specified on the following Web site:

<http://www.nlm.nih.gov/about/training/associate/applicinfo.html>.

This includes parts of the application received from other sources. Only typed and complete application materials will be acknowledged. Final selection for the Associate Fellowship Program will be made in May. Please use overnight express mail if filing near the deadline.

**APPLICATION****National Library of Medicine  
Associate Fellowship Program**Name \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_ E-mail \_\_\_\_\_

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

**I have requested transcripts from (list below):**

Institution:	City:	State:

**Reference Information:** List three persons whom you have asked to complete the attached reference form. Include their names and titles, addresses, phone numbers, and e-mail addresses. Also include how long and in what capacity you have known each.

1.	Name	Title	
	Address	Phone	E-Mail
	Length of time known	Capacity	
2.	Name	Title	
	Address	Phone	E-Mail
	Length of time known	Capacity	
3.	Name	Title	
	Address	Phone	E-Mail
	Length of time known	Capacity	

\_\_\_\_ I am interested in an optional second year.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **STRUCTURED RÉSUMÉ**

## **National Library of Medicine Associate Fellowship Program**

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**Instructions:** Your structured résumé must address each of the following sections in the prescribed order, if applicable. Each heading should be in bold type. If a heading is not applicable, you must still list it, but indicate "N/A" below the heading.

Continuation pages must have your name and Social Security number in the top right hand corner.

**Name**

**Address**

**Phone**

**E-mail**

**Social Security Number**

**Date of Birth**

**Educational Information** (From latest to earliest. Include years attended, date of graduation, degree earned, and major area of study. List expected graduation date if applicable.)

**Summary of Significant Work Experience** (From latest to earliest. Indicate type of employment, e.g., salaried, hourly, practica, volunteer, and number of hours/week.)

**Job Title**

**Organization/Company**

**Dates**

**Number of hours per week**

**Supervisor's name and phone number**

**Primary duties and responsibilities**

**Honors and Achievements**

**Publications/Presentations**

**Professional Development** (Include CE courses, special training.)

**Professional Memberships** (Include student organizations, positions held.)

**Foreign Language and Computer Skills**

**Courses in progress not reflected on transcripts**

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**SEND TO:** Barbara Dorsey, NLM Associate Fellowship Program, Science and Engineering Education, MS 36, Oak Ridge Institute for Science and Education  
P.O. Box 117, Oak Ridge, Tennessee 37831-0117  
Telephone number: (865) 576-9975  
Fax number: (865) 574-2846

## **NARRATIVE QUESTIONS**

## **National Library of Medicine Associate Fellowship Program**

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Please develop narrative statements for the following questions. **Begin each question on a new page.** At the top right-hand corner of the page for each answer, type your name and Social Security number. Then type the questions to which you are responding in bold type, followed by your narrative. The narrative statements will be evaluated on content and writing skills and should not exceed 500 words.

1. What do you hope to gain by participating in the NLM Associate Fellowship Program?
2. If selected, what will you bring to the NLM Associate Fellowship program?

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**Send to:**

Barbara Dorsey, NLM Associate Fellowship Program, Science and Engineering Education,  
MS 36, Oak Ridge Institute for Science and Education  
P.O. Box 117  
Oak Ridge, Tennessee 37831-0117  
Telephone number: (865) 576-9975  
Fax number: (865) 574-2846